VACANCY NOTICE

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

Description of Position	TITLE OF POSITION: REGIST	TERED NURSE B	CLASSIFICATION CODE:	02883200
		-\$78519 921A	REFERENCE POSITION NO.:	01072-10000-1577
	Department or Agency Name	BHDDH	APPLICATION PERIOD:	01/14/13 TO 1/20/13
	Division/Section/Unit	HOSPITAL & COMM REHAB SVS	GRACE PERIOD ENDS	1/23/13 AT 4:00 PM
οę	Assignment(s) / Comments	Assignment(s) / Comments REGAN 6- DAYS OFF TO BE DETERMINED		
e G	Shift and Days: 2ND SHIFT Job Location: ELEANOR SLATER HOSPITAL			
pti	Restrictions/Limitations:			
Ğ	Position Covered By Collective B	argaining Union Agreement	Yes X	No
sə(Name of Bargaining Unit Union:	NAGE - NURSES	103 <u>//</u>	· ·
	There is* is notX a Civ		See A/B or	Both for Specific Instructions
	* NOTE: If there is a list, only laterals (employees with the same title) or individuals certified by OPA may be appointed to this position.			
	INSTRUCTIONS:		, , , , , , , , , , , , , , , , , , ,	
	A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position(s) indicated. If you are currently in this classification			
	and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either on the application or			
	within a cover letter, both the File Po	•		
ē	Most Important - Please include	e the following information:		
da	The title of the position for which you are a	applying	Name of department where you are currenti	ily employed
ā				
Sar	Title of your present position and date you	u entereu II	 Your business telephone number 	
<u>o</u>	Date you entered State service		 Present Union Affiliations 	
nc T	*** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.			
rtic	B. NON INCUMBENT/NON			
ı ı	If indicated above that <u>no civil service</u> list exists for this position, you need not be in the class of position, or be in State service to apply. All information requested on the application form must be furnished. The information you give will be used by the application of the determine your qualifications. If			
for	requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the			
General Information to Candidate	an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application.			
	C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS			
	 Reasonable Accommodations: If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE 			
	If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position.			
	Medical Information:			
	Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the			
	Rules/Regulations of the Americans with Disabilities Act (ADA).			
Outies	DUTIES / RESPONSIBILI	TIES:		
	To provide professional nursing care to patients/clients; to develop and provide direct nursing care and treatment			
	by assessing the patients'/clients' needs, planning, implementation and evaulation of care; to be responsible and			
ήC	accountable for patient care and other licensed personnel during those work hours when hospital administration			
ıt o	and ancillary management personnel are not immediately available for problem resolution and decision making an to do related work as required.			
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Minimum Education & Experience	EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:			
	EDUCATION: Such as may have been gained through: graduation from an accredited school of nursing.			
	SPECIAL REQUIREMENT: Must meet nursing registration requirements as required by Rhode Island law and			
	regulations and must maintain such requirements as a condition of employment. At the time of appointment must			
Ed ³rie	be physcially qualified to perform assigned duties as evidenced by a physician's certificate.			
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Where to Apply			OTE: Some State union contracts allow a	, ,
	application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to:			
	GAIL KRIKORIAN	PLEASE USE	MAIL ONLY	THEOD ESTADO
jer pp	OHHS Human Resources Se			
Š [⋖]	55 Howard Ave.		TTY/TDD #: 711	
	Benjamin Rush Bldg.		(Telecommunication Device for the	e Deaf)
	Cranston, RI 02920			- COPY